

# Hospital Advisory Group Meeting

May 21, 1998

## Meeting Summary

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### Discussion Topics

#### **Stack testing for medical waste incinerators:**

Several Hospitals will be retaining their medical waste incinerator capabilities. HAG hospital members requested that IDEM provide a listed of laboratories and companies that can provide stack sampling and testing services needed to meet the Maximum Achievable Control Technology (MACT).

#### **Action Item(s):**

Susan Bem (OAM) and Bob Snodgrass (OSHW) will provide a listing of known companies and laboratories with the capability to perform stack sampling and analytical testing services. (See attachment A)

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Incinerator operator training and certifications: Susan Bem also talked briefly about operator training and certifications required under the MACT. She indicated that incinerator operator training and certification currently used by OSHWM for regulated municipal (>10 tons/day) waste incinerators and medical waste incinerators (>7 tons/day) would be used to meet medical waste incinerator operator training and certification for the MACT standard.. The HAG asked IDEM for additional information about companies authorized by OSHWM to provide incinerator operator training and certifications.

Action Item(s): Susan Bem (OAM) and Bob Snodgrass (OSHW) will provide a listing of known companies authorized by OSHWM to provide operator training and certification. (As Bob indicated during the meeting, the list was really short. It contained only one company. The company's name is Doucet & Mainka, PC., 1200 Brown St., Peekskill, NY 10566, ATTN: Gary Urbanowicz. Mr. Urbanowicz's phone number is (914) 736-0300.)

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Issue date for Title V permits: A HAG hospital member expressed concern about the expiration of his current state air operating permit for his incinerator. The hospital has submitted a Title V, part 70 air operating permit but has not been issued a part 70 permit. The local county health department inspector expressed grave concern that the hospital was operating on an expired state air operating permit.

Action Item(s): John Lovelace, CTAP, explained that the Title V permit application shield allows Title V sources who have submitted a complete and timely permit application prior to December 13, 1996 to operate until the title V permit has been issued. John indicated that he would look up the citation and include it as an attachment in the meeting minutes. (See Attachment B (326 IAC 2-7-3))

TCLP certifications for low mercury fluorescent tubes: Can hospitals use the manufacturer's certification that their fluorescent tubes will pass the toxicity Characteristic Leaching Procedure (TCLP), Test Method 1311, for mercury for the hazardous waste determination required in 40 CFR 262.11?

Action Item(s): John Lovelace spoke with Dave Berrey in the Hazardous Waste Section about the use of the Manufacturer's certification as generator knowledge for performing the hazardous waste determination. Dave indicated that IDEM is currently in the process of Quality Assuring the analytical data submitted by Phillip. Dave recommends hospitals take a conservative approach and recycle the fluorescent tubes under the universal waste program instead of disposing them as solid waste. When IDEM has finished reviewing the Phillips TCLP analytical data, OSHWM will issue written guidance on this regulatory concern. (When the document is issued, it will be distributed via fax to the Hospital Advisory Workgroup members.)

Changes in Special Waste rules: Effective July 98, 329 IAC 10-8 pertaining to disposal of special waste has been repealed and will be replaced by 329 IAC 10-8.1. (21 IR 1715) Under this new rule, incinerator ash with TCLPs less than 75% of regulated levels for hazardous waste will no longer require approval by IDEM prior to disposal. Hospitals will have to deal directly with the landfill operators in accordance with 329 IAC 8.1-7. Action Item(s): John Lovelace will obtain copies of this [Indiana Register Citation](#), and a listing of [site contact names, phone numbers](#) and [map](#) of solid waste landfills accepting special waste for distribution to the workgroup.

Fairness issue for selecting hospitals for HW compliance inspections: A hospital, who was recently inspected, questioned the method by which hospitals are targeted for hazardous waste inspections. The inspector told the hospital that only hospitals, who have submitted their EPA form 8700-12 "Notification of Hazardous Waste Activity" to obtain an EPA ID number or has had a complaint filed with OSHWM involving the mismanagement of hazardous waste are targeted for inspection. The hospital understood that a complaint should trigger an inspection but disagreed with the inspector that the submission of EPA notification should trigger an inspection.

The hospital indicated that many hospital facilities due to laboratory operations are Small Quantity Generators (SQG) of hazardous waste but have not submitted their EPA 8700-12 form to notify IDEM of their hazardous waste generating activities. Shouldn't the Inspectors be targeting non-notifying hospitals?


Bob Snodgrass (OSHW) explained that the above selection criteria for inspection was essentially correct but emphasized that inspections are neutrally selected based on the potential risk posed by the hazardous waste managed on-site. Roger Wilson from the Hazardous waste compliance section has been assigned to look at hospital hazardous waste compliance issues involving generator classification.

Action Item(s): Roger Wilson will provide a OSHWM fact sheet entitled "Understanding the Hazardous Waste Compliance Process" for distribution to the workgroup. This fact

sheet identifies the goals of the hazardous waste inspection program and give a detail explanation of the inspection and enforcement process. (See Attachment D)

Chronic Silver loading levels in wastewater emissions: Spencer Grover talked about the adoption of chronic silver emission limits for hospitals under the Indiana Water Quality Standard.

Action Item(s): John Lovelace and Bill Blue researched this compliance issue. John Lovelace and Bill Blue will keep the HAG members abreast of future regulatory developments pertaining to Indiana revision of the Water Quality Standards. (Spencer Grover was talking about the triennial water quality review meeting to be held on June 25<sup>th</sup>, 1998. This review meeting will be looking at developing new water quality standards using the criteria outline in the Great Lakes Initiative, which will greatly reduce the concentration levels of toxic pollutants in the waters of Indiana. Brad Gavin in the Office of Water Management was contacted to discuss how hospitals will be affected by the reduction in acute emission limits for silver. Brad Gavin indicated that reduction in acute silver emission limits (from 10 ppb to 0.55 ppb) would have a major effect on Indiana's Publicly/Private Owned Wastewater Treatment (POTW) facilities abilities to meet this proposed new water quality emission standard. If the POTW can not meet this new water quality emission standard, the POTW will, more than likely, reduce current silver emission for all silver dischargers within their jurisdiction and if necessary issues indirect discharger permits to all silver dischargers.

Based upon current available silver recovery technology, hospitals should be able to meet any "end of pipe" wastewater emission limits set by their local POTW. Hospitals should contact their POTW to obtain current discharge limits for silver.) (See attachment E) Hospital wanting to evaluate pollution prevention technology to reduce silver emissions in their wastewater effluent should contact the National Association of Photographic manufacturers (NAPM) at (914) 698-7609 to obtain a copy of the Silver Council's "Code of Management Practices for Silver Dischargers". For those with access to the Web, this document can also be found at  <http://www.silvercouncil.org/newcm pfram.pdf> (pdf file / ?kb).

Fire Marshal issues: One hospital was cited in Feb 98 for violation (22") of the rule requiring a 24 " distance between combustible storage and sprinkler heads. The hospital has applied for a variance but in April 98 the Fire Marshal's Office adopted the 1997 Uniform Fire Code which now state the distance to be 18". Does he still need to continue with the variance?

Action Item(s): John Lovelace will talk to the Fire Marshals Office to obtain guidance on this compliance issue. (John Contacted Mara Snyder at Fire and Building Services. She indicated that no variance is needed. Based upon the 1997 Uniform Fire Code, the hospital is currently in compliance with the combustible storage rule. Mara will contact the hospital to resolve any confusion that may exist.)

Underground Storage Tanks (UST) and Emergency Power Generators:  
Cyndi Wagner, UST Section, could not attend the workgroup meeting. John Lovelace tried to explain the conditions under which USTs used to run emergency power generators would be exempt from regulations under 40 CFR 280, but many hospital felt that the interpretation was not correct.

Action Item(s): John will talk with Cyndi Wagner to obtain clarification and written guidance on exemption and deferrals for UST systems that store fuel for use by emergency power generators. Cyndi Wagner indicated that the type of fuel (heating oil verses diesel fuel ) does play a role in determining if your UST is exempt from requirements for upgrading of existing UST systems under 40 CFR 280.21. If you pay an "over-the-road" tax on your fuel, your UST is probably regulated under the UST program. (Cyndi Wagner is waiting on additional guidance materials from the EPA. Once the EPA materials arrive, the materials will be given to Spencer Grover, IHA, for distributed.)

Transportation of Infectious Waste (IW): One hospital had a letter from Kathy Prosser that indicated the hospital could not transport IW from one company owned site to another for consolidated if the facilities were separated by a public street. The hospitals were concerned that transporting medical or infectious waste from off-site patient treatment facilities and storing the waste prior to shipping off-site for disposal would require the hospital to be permitted as a solid waste transfer station. Bob Snodgrass reviewed criteria for OSHWM non rule policy decision pertaining to non-permitted IW transfer stations.

Action Item(s): Bob Snodgrass will discuss hospital concerns about IW storage times with OSHWM management to determine if a letter or a modification to the existing guidance for non-permitted transfer station is warranted. (Bob has written two draft letters. The first letter will be addressed to hospital facilities and will clarify IDEM's requirements for the collection and storage of infectious waste from affiliated health care facilities at a central location. The second letter will address acceptance of effectively treated infectious waste at landfill facilities. Both draft letters are currently under review and when approved will be forwarded to Spencer Grover (IHA) for distribution to hospital facilities.)

Intrastate transportation of Infectious waste: A hospital indicated that new DOT regulations pertaining to this issue will be promulgated soon.

(This final rule involves the intra state transportation of hazardous substances in commerce. Effective October 1, 1998 all hazardous substances shipped (inter or intra state) from your facilities must comply with DOT requirements. Commentors on HM-200 had suggested that materials of trade exception (49 CFR 173.6) be explained to include home medical waste (DOT Hazard Class 6.1). The DOT indicated that the level of hazard posed by home medical waste is not consistent with the intent of the materials of trade exception. For that reason, Division 6.2 materials (infectious substances and regulated

medical waste) will not be included in the materials of trade exception. (Sec. 173.6(a))) (see attachment F)

(Hospital facilities currently transporting infectious (Red Bag) waste from affiliated off-site (i.e., doctor and dental offices, surgical clinics, etc.) facilities for consolidation or treatment need to be in compliance with all DOT regulations prior to the effective date of this rule!)

Several topics pertaining to mercury reduction were discussed including:

Replacement of mercury containing devices with non-mercury alternatives. All hospital agreed that mercury thermometers are a thing of the past and are not present in today's hospital work environment. The group also discussed the used and potential alternative substitutes for other mercury containing devices commonly found in hospital (i.e. Canter Tube: ~6' tube used in medical procedures to trace GI tract, Bougie Tube: used in medical procedures for esophageal dilation, Sphygmomanometers: used in blood pressure measurement).

IUPUI Clarian Health willingness to share their experience in eliminating mercury at their facility. (IUPUI is currently in the 7 years of a 5 year plan to eliminate mercury usage.) All hospitals agreed that perceived reliability of non-mercury alternatives by hospital (Doctors and Nurses) staff still remain as the primary obstacle in totally eliminating mercury containing equipment from their hospitals. Hospital members recommended that perhaps this work group could work with manufacturers of non-mercury containing alternative to obtain documentation of reliability.

Hospital participation in Indiana's household hazardous waste (HHW) mercury reduction program. Paula Smith explained Indiana's solid waste districts will start collecting and recycling mercury from mercury containing devices (i.e. thermometers, tilt switches) which are commonly found in homes. She asked if hospitals would consider being a collection center for thermometers brought in by hospital staff and patients. Hospital recognition program for mercury recycling and reduction activities.

John Lovelace indicated OPPTA is evaluating the need to develop a recognition program for hospitals that would incorporate an educational outreach approach to assist hospitals to evaluate, reduce, and find suitable alternative for the use of mercury within their facilities. One potential idea put forth by the group to encourage this activity was to development of a mercury check list which would identify mercury containing devices and sources of mercury pollution within the hospital work place.

Action Item(s): IUPUI Clarian Health is willing to share copies of their 5 year plan to reduce and eliminate mercury in the hospital work environment. Hospitals interested should contact Kevin Mouser, IUPUI Clarian Health, at (317) 274-4351. OPPTA will develop or obtain a mercury check list to assist hospitals in evaluating their facilities for distribution to Indiana hospitals.

Hospital members will evaluate their facilities to identify sources of hidden mercury and pass this information along to OPPTA for incorporating into the mercury check list.  
Availability of Video/Tele conferencing: Many hospital liked the idea of video/tele-conferencing especially the hospital coming from northern and southern Indiana.  
Action Item(s): Any hospital wishing to volunteer to host a video/tele conferencing meeting for local hospitals in your geographic area can contact John Lovelace at (800) 451-6027, ext. 3-1042. John will check availability of video/tele conferencing from an Indianapolis location.

Information Conduit: Spencer Grover mentioned that the Indiana Hospital and Health Service Association sends out biweekly mailing to all Indiana hospitals and would be willing to serve as a conduit for any outreach material.. The ISDH already utilizes this method to reach the Indiana hospital community.

### **Agenda Items for the Next Quarterly Meeting of the Hospital Advisory Workgroup (HAG)**

All HAG members are encourage to submit agenda topics for discussion. All agenda items should be faxed to John Lovelace, OPPTA, at (317) 233-5627 at least 10 working days prior to the schedule HAG meeting time.

(Prior notification of discussion topics will ensure the proper Indiana Department of Environmental Management (IDEM) /State Fire Marshal Office/ Indiana State Department of Health (ISDH) personnel will be able to research your specific environmental compliance issues.)

#### **NEXT QUARTERLY HOSPITAL ADVISORY WORKGROUP MEETING:**

1-3:30 p.m., Thursday, August 20, 1998  
Indiana Government Center, South  
Training Center, Room # 2  
402 W. Washington Street, Indianapolis  
Call Linda Gonzalez for more details: (800) 988-7901 ext. 3-5434.